



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 10
1200 Sixth Avenue, Suite 900
Seattle, WA 98101-3140

OFFICE OF
WATER AND
WATERSHEDS

MAR 03 2016

Reply to Attn of: OWW-130

LTC Timothy R. Vail, District Commander
Walla Walla District, U.S. Army Corps of Engineers
201 N. Third Street
Walla Walla, WA 99362

Re: Application for Renewal of National Pollutant Discharge Elimination System (NPDES) Permit,
Dworshak Reservoir, NPDES Permit No. ID0028444

Dear District Commander Vail:

Thank you for the NPDES application materials referenced above, which the U.S. Environmental Protection Agency received on February 25, 2016. The current permit expires on September 30, 2016. In summary, the EPA has determined your application timely and complete, and the U.S. Army Corps of Engineers NPDES permit is administratively continued, until the EPA grants or denies your application for a new permit. Details on this matter follow:

Pursuant to 40 C.F.R. § 122.21(d), permittees with currently effective permits, "shall submit a new application at least 180 days before the existing permit expires." Your current permit requires a renewal application by April 3, 2016. The EPA received your application materials on February 25, 2016. Therefore, the application for renewal is very timely.

An application to the EPA for an NPDES permit is complete when the EPA receives an application form and any supplemental information which are completed to the Agency's satisfaction under 40 C.F.R. § 122.21(e)(1). We have completed our review of the application and have determined that it was complete as of February 25, 2016.

The federal regulations at 40 C.F.R. § 122.6(a) state:

When EPA is the permit-issuing authority, the conditions of an expired permit continue in force under 5 U.S.C. 558(c) until the effective date of a new permit (40 C.F. R. § 124.15) if: (1) The permittee has submitted a timely application (40 C.F.R. § 122.21), which is a complete application for a new permit (40 C.F.R. § 122.21(e)); and (2) The [EPA], through no fault of the permittee does not issue a new permit with an effective date pursuant to 40 C.F.R. § 124.15 on or before the expiration date of the previous permit.

Therefore, your existing permit will remain effective and enforceable until the EPA grants or denies your application for a new permit. See 40 C.F.R. § 122.6; 5 U.S.C. 558(c).

Please note that the EPA may request additional information during the development of the draft permit to clarify, modify, or supplement previously submitted material. If you have any questions, please contact Susan Poulosom at (206) 553-6258.


Sincerely,

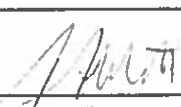
A handwritten signature in black ink, appearing to read "Michael J. Lidgard". The signature is fluid and cursive, with a large loop at the end.


Michael J. Lidgard, Manager
NPDES Permits Unit



cc: Mr. Paul Pence, Natural Resource Manager, Dworshak Reservoir

CPermit Application Review Checklist

<u>Part (1) Application Receipt and Registration</u> *To be completed by the Permit Clerk*	
Facility Name: DWORSHAK RESERVOIR	
Permit Number: ID0028444	
Date Reminder Letter Sent for Additional Information:	N/A
Date of Postmark on Application Submittal :	N/A
Date Application is Received in OWW: Note: <u>Application transmittal letter and the first three pages of the application are to be copied.</u> The original transmittal letter, the first three pages of the application, and the envelope /package /email it was received in or attached to, are to be filed in the permit file (For bulky mailing packages, it will suffice to cut out the portion of the mailing label with the address and postmarked date.) If no file exists, a file is to be created. The copied version of the transmittal letter and the copied version of the first three pages of the application along with the rest of the original application and this check-list are to be routed.	2/25/2016 -----
Date application package and Checklist are routed to Review Coordinator:	2/25/2016
Date Application Information logged into E-database:	2/25/2016
Permit Clerk Sign off & Date: 	2/26/16
<u>Part (2) Application Review for Timeliness & Completeness</u> *To be completed by Review Coordinator*	
Permit Writer of the Month (name):	
Kai Shum CINDI	
A. If Application is determined to be Timely and Complete: 1) Date Determination letter sent to Applicant: 2) Go to C. below	3/3/16
B. If Application is determined to be Incomplete:	

1. Date Incomplete letter sent to Applicant:	
2. Date additional information is due to R10:	
3. Date additional information is received:	
4. Date Application is determined complete:	
5. Date Timely & Complete letter sent to Applicant:	
6. Go to C below	
C. Check for Industrial Storm water: 1. Is the facility an Industrial Facility? 2. A municipal discharger discharging greater than 1 MGD? Or 3. Has a required pretreatment program? If yes, check Industrial E-NOI Database to see if the facility has a MSGP. http://cfpub.epa.gov/npdes/stormwater/noi/noisearch.cfm 4. If facility does have a MSGP, include Note for Permit writer in the Comment Section (below) to alerting them to coordinate with Margaret McCauley on opportunities to consolidate the permits. <i>None Found</i> ----- 5. Go to E	
D. If Application is submitted after the expiration date: 1. Date expiration letter sent to Applicant 2. Go to E below	
E. Date package is routed to NCU Database Manager: (Note: NCU Database Manager is to receive copies of <u>all</u> correspondence along with application and this checklist)	3/7/16
Application Information logged into E-database	3/7/16
Review Coordinator Sign off and Date	 3/7/16
Part (3) ICIS/PCS Database Entry *To be completed by NCU Database Manager*	
Date NCU Database Manager receives permit application package:	3/7/16
Date NCU Database Manager gives application to Data Entry Staff:	3/7/16

Data-entry Staff (name):	Jason Rodriguez	
Date permit information is entered into ICIS/PCS:	3/7/16	
Date permit information is returned to NCU Database Manager:	3/7/16	
Date application, letters and this Checklist are routed to Permit Clerk:	3/7/16	
Date Application Information logged into E-database:	3/7/16	
NCU Database Manager Sign off & Date	JRL 3/7/16	
Part (4) Final Filing of Application in Permit File *To be completed by Permit Clerk*		
Date Application, letters and checklist are filed in Permit File:		
Date final information on application review process entered into E-database:		
Permit Clerk Sign off & Date:	3/8/16	
Comment Section: 		

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER 100028444			
 PLEASE PLACE LABEL IN THIS SPACE			GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.			
II. POLLUTANT CHARACTERISTICS						
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .						
SPECIFIC QUESTIONS		Mark "X"	SPECIFIC QUESTIONS		Mark "X"	
		YES	NO	FORM ATTACHED		
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2E)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
III. NAME OF FACILITY						
1 SKIP Dworshak Reservoir						
IV. FACILITY CONTACT						
A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)		
2 Pence, Paul Natural Resource Manager				(208) 476-1258		
V. FACILITY MAILING ADDRESS						
A. STREET OR P.O. BOX						
3 P.O. Box 48						
B. CITY OR TOWN						
4 Ahsahka						
C. STATE						
ID						
D. ZIP CODE						
83520						
VI. FACILITY LOCATION						
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER						
5 North Fork Drive						
B. COUNTY NAME						
Clearwater						
C. CITY OR TOWN						
6 Ahsahka						
D. STATE						
ID						
E. ZIP CODE						
83520						
F. COUNTY CODE (if known)						

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	NA	(specify)		7	NA	(specify)	
C. THIRD				D. FOURTH			
7	NA	(specify)		7	NA	(specify)	

VIII. OPERATOR INFORMATION

A. NAME				B. Is the name listed in Item VIII-A also the owner?			
8	US Army Corps of Engineers			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box if "Other" specify)				D. PHONE (area code & no.)			
F = FEDERAL	M = PUBLIC (other than federal or state)	F	(specify)	A (208) 476-1258			
S = STATE	O = OTHER (specify)						
P = PRIVATE							

E. STREET OR P.O. BOX			
P.O. Box 48			

F. CITY OR TOWN				G. STATE	H. ZIP CODE	IX. INDIAN LAND
B Ahsahka				ID	83520	Is the facility located on Indian lands? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)				D. PSD (Air Emissions from Proposed Sources)			
9	N	NA		9	P	NA	
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
9	U	NA		9		NA	(specify)
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
9	R	NA		9		NA	(specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

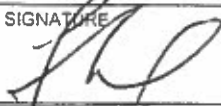
XII. NATURE OF BUSINESS (provide a brief description)

Dworshak Reservoir is used for:

- Flood Control
- Water Storage
- Hydropower
- Recreation
- Fish and Wildlife Management

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

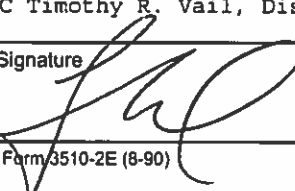
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
LTC Timothy R. Vail District Commander		02/23/2016

COMMENTS FOR OFFICIAL USE ONLY

C	
C	

Please print or type in the unshaded areas only.		EPA ID Number (copy from Item 1 of Form 1)		Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.			
FORM <div style="font-size: 2em; font-weight: bold;">2E</div> NPDES		<div style="display: flex; align-items: center; justify-content: center;"> <div> Facilities Which Do Not Discharge Process Wastewater </div> </div>					
I. RECEIVING WATERS							
For this outfall, list the latitude and longitude, and name of the receiving water(s).							
Outfall Number (list)	Latitude		Longitude		Receiving Water (name)		
	Deg	Min	Sec	Deg	Min	Sec	Dworshak Reservoir, (North Fork Clearwater River)
001, Barge							
II. DISCHARGE DATE (If a new discharger, the date you expect to begin discharging)							
III. TYPE OF WASTE							
A. Check the box(es) indicating the general type(s) of wastes discharged.							
<input type="checkbox"/> Sanitary Wastes <input type="checkbox"/> Restaurant or Cafeteria Wastes <input type="checkbox"/> Noncontact Cooling Water <input checked="" type="checkbox"/> Other Nonprocess Wastewater (Identify)							
B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available. Inorganic liquid fertilizer would be applied to the reservoir from a boat traveling through the reservoir. The fertilizer would consist of a blend of 10-34-0 (N-P205-K20, ammonium polyphosphate) and 32-0-0 (urea-ammonium nitrate). The fertilizer would be mixed into the propwash of the boat. The quantity of fertilizer used would be based on the volume of the reservoir prior to the weekly application.							
IV. EFFLUENT CHARACTERISTICS							
A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions). B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).							
Pollutant or Parameter	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year) (include units)		(3)	(4)	
	Mass	Concentration	Mass	Concentration	Number of Measurements Taken (last year)	Source of Estimate (if new discharger)	
Biochemical Oxygen Demand (BOD)	NA	NA	NA	NA	0.00	NA	
Total Suspended Solids (TSS)	NA	NA	NA	NA	0.00	NA	
Fecal Coliform (if believed present or if sanitary waste is discharged)	NA	NA	NA	NA	0.00	NA	
Total Residual Chlorine (if chlorine is used)	NA	NA	NA	NA	0.00	NA	
Oil and Grease	NA	NA	NA	NA	0.00	NA	
*Chemical oxygen demand (COD)	NA	NA	NA	NA	0.00	NA	
*Total organic carbon (TOC)	NA	NA	NA	NA	0.00	NA	
Ammonia (as N)	92700 ug/g	6956lbs/week	NA	NA	2.00	NA	
Discharge Flow	Value 1976 gal/batch		NA		0.00	NA	
pH (give range)	Value NA		NA		0.00	NA	
Temperature (Winter)	°C		°C		0.00	NA	
Temperature (Summer)	°C		°C		0.00	NA	
*If noncontact cooling water is discharged							



V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?		<input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, briefly describe the frequency of flow and duration.		
The application of fertilizer would be conducted weekly with each application taking two days to complete. The applications would take place from April through September.		
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)		
NA		
VII. OTHER INFORMATION (Optional)		
Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.		
Water quality monitoring will be conducted at regular intervals.		
VIII. CERTIFICATION		
<i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>		
A. Name & Official Title LTC Timothy R. Vail, District Commander		B. Phone No. (area code & no.) (509) 527-7700
C. Signature 		D. Date Signed 02/23/2016

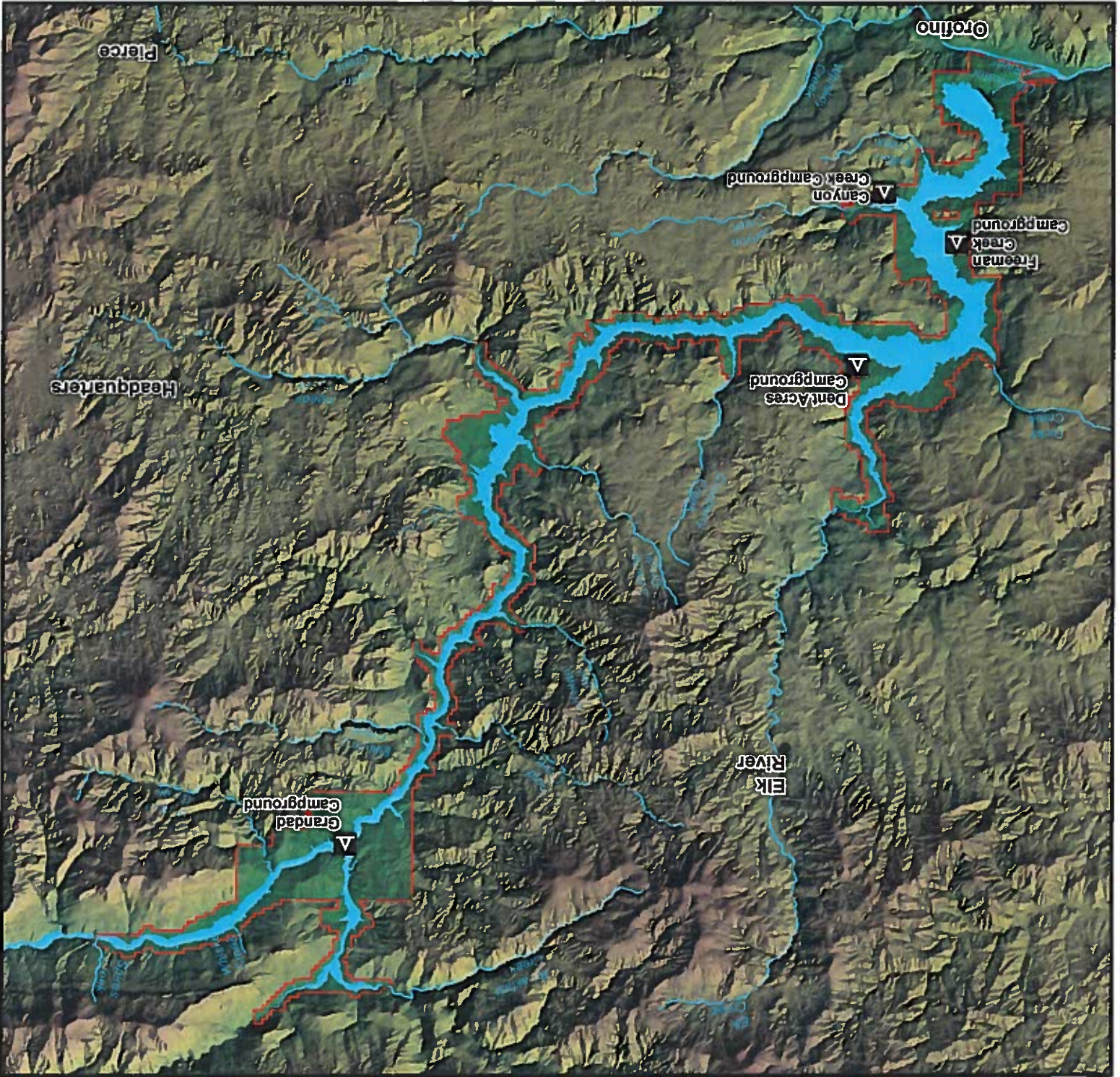
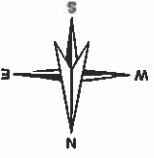




US Army Corps
of Engineers
Wallula District

DWORSHAK RESERVOIR

Building Strong®



MAP LEGEND



Campground



Dworshak Reservoir



Dworshak Project Lands



Coordinate System: NAD 1983 2011 StatePlane Idaho West FIPS 1103 Ft US
Projection: Transverse Mercator
Datum: NAD 1983 2011
False Easting: 2,624,666.6667
False Northing: 0.0000
Central Meridian: -115.7500
Scale: 0.9999
Latitude Origin: 41.6667
Units: Feet US
Author: S. Martin
Date: 7/19/2016

